

## Symptoms of Depression Among Aged Medicare Enrollees: 2002

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This highlight uses data from the Medicare Current Beneficiary Survey (MCBS) to look at self-reported symptoms of depression among Medicare enrollees, and the association of those symptoms with enrollees' socioeconomic, demographic, and health characteristics. The interconnections between mental and physical health are complex and well beyond the scope of this highlight; the goal is to show some of the summary bivariate patterns that emerge from the data.

Since its inception (fall 1991), the MCBS has included questions about the mental health of its participants. Each fall, respondents residing in the community are asked, "Has a doctor ever told you that you had a mental or psychiatric disorder, including depression?" Two questions were added in fall 1996: "Do you have problems making decisions to the point that it interferes with daily activities" and "Do you have trouble concentrating or keeping your mind on what you are doing?" Two additional questions were added in fall 2001: "In the past

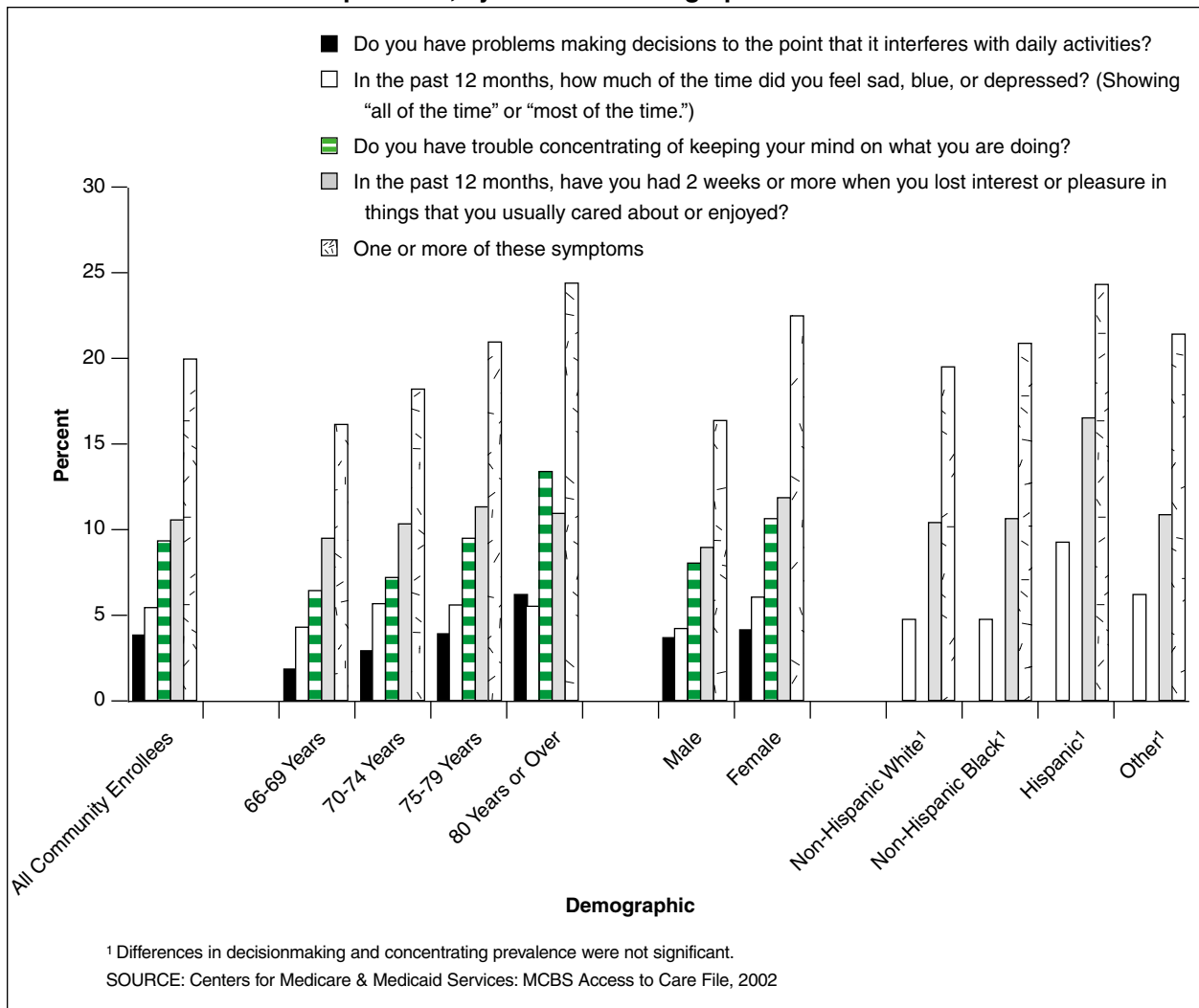
12 months, have you had 2 weeks or more when you lost interest or pleasure in things that you usually cared about or enjoyed" and "In the past 12 months, how much of the time did you feel sad, blue, or depressed? Would you say you were sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?"

The material presented here is drawn from the 2002 MCBS Access to Care File, which contains the results of interviews conducted between September 2002 and January 2003. Participants' responses to the questions about decisionmaking, concentration, loss of interest, and periods of sadness were examined separately and together. For the latter analysis, each participant was assigned a score ranging from 1 to 4, according to the number of these questions answered affirmatively (in the case of the sadness question, an affirmative answer was a response of "most of the time" or "all of the time"). Analysis was restricted to those participants age 66 or over at the end of 2002, living in the community, who answered for themselves rather than through proxies.

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The author is with the Centers for Medicare & Medicaid Services (CMS). The statements expressed in this article are those of the author and do not necessarily reflect the views or policies of CMS.

**Figure 1**  
**Measures of Depression, by Selected Demographics Characteristics: 2002**



- Overall, one in five enrollees reported one or more of the four symptoms described. Of this group, 13.3 percent reported one symptom, 5.0 percent reported two symptoms, 1.3 percent reported three symptoms, and 0.5 percent reported all four symptoms.
- The most commonly reported symptom was loss of interest, followed by concentration problems, feelings of sadness, and problems making decisions.
- Three of the measures were positively associated with age; prevalence rates for feelings of sadness among the older age groups examined (70-74, 75-79, and 80 years or over) were not significantly different from each other, but were significantly greater than the rate for the age group 66-69 years.
- All four measures were more prevalent among females than among males. Enrollees who reported being of Hispanic or Latino origin reported higher prevalence of loss of interest, and feelings of sadness than did other racial/ethnic groups of enrollees.

**Table 1**  
**Odds of Reporting Symptoms of Depression, by Selected Enrollee Characteristics: 2002**

Covariate	Problem Making Decisions	Trouble Concentrating	Lost Interest	Sad Most or All of the Time	One or More of These Symptoms
Odds Ratio					
<b>Age</b> <b>(Compared to 66-69 Years)</b>					
70-74 Years	1.4	—	—	*1.4	—
75-79 Years	**1.9	**1.4	—	—	**1.3
80 Years or Over	**3.2	**2.0	—	—	**1.5
<b>Sex</b> <b>(Compared to Male)</b>					
Female	1.2	**1.3	**1.3	**1.3	**1.3
<b>Race</b> <b>(Compared to Non-Hispanic White)</b>					
Non-Hispanic Black	—	—	*0.8	*0.7	0.8
Hispanic	—	—	*1.4	**1.5	—
Other	—	—	—	—	—
<b>Education</b> <b>(Compared to High School Graduate)</b>					
None	—	—	1.6	1.8	**1.9
Less Than High School	**1.9	**1.6	**1.5	**1.7	**1.6
Post-High School	—	—	0.9	*0.8	*0.9
<b>Living Arrangement</b> <b>(Compared to Married, Living with Spouse)</b>					
Widowed, Living Alone	**0.7	—	**1.3	**1.4	1.1
Widowed, Living with Others	*1.4	—	**1.6	**1.6	**1.4
Divorced/Separated, Living Alone	—	—	**1.7	**2.0	**1.5
Divorced/Separated, Living with Others	1.7	—	1.4	—	*1.4
Never Married, Living Alone	*2.0	1.5	—	—	—
Never Married, Living with Others	*2.3	—	—	—	—
Other or Unknown Arrangements	—	—	**2.3	**3.1	**1.8

\*  $p < 0.05$

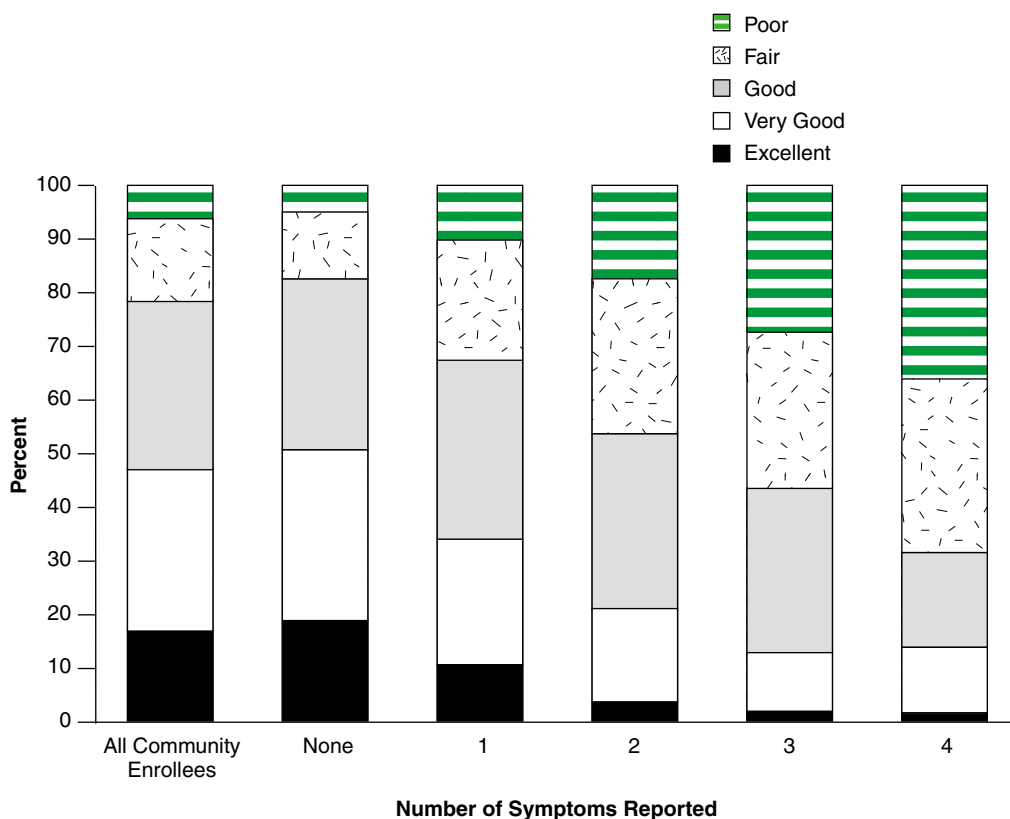
\*\*  $p < 0.01$

NOTE: Odds ratio not shown if  $p > 0.10$ .

SOURCE: Centers for Medicare & Medicaid Services: MCBS Access to Care File, 2002.

- The bivariate correlations previously discussed are confirmed in multivariate logistic regression analysis. In addition to age, sex, and race, Table 1 also shows the effects of education and living arrangement on the likelihood of self-reported symptoms of depression.
- Higher levels of education were associated with a lower likelihood of reporting symptoms.
- Generally speaking, married enrollees living with their spouse were less likely to report symptoms (the exception being that widows living alone were less likely to report decisionmaking problems).

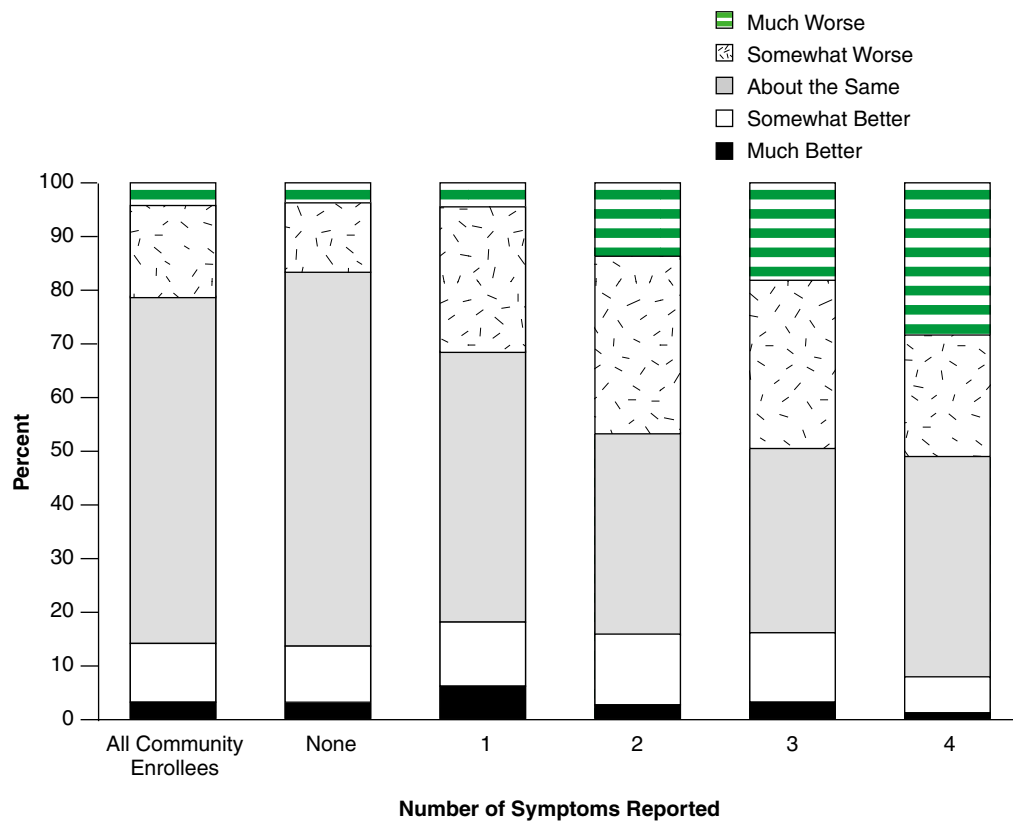
**Figure 2**  
**Self-Assessed Health Status, by Number of Depression Symptoms Reported: 2002**



SOURCE: Centers for Medicare & Medicaid Services: MCBS Access to Care File, 2002.

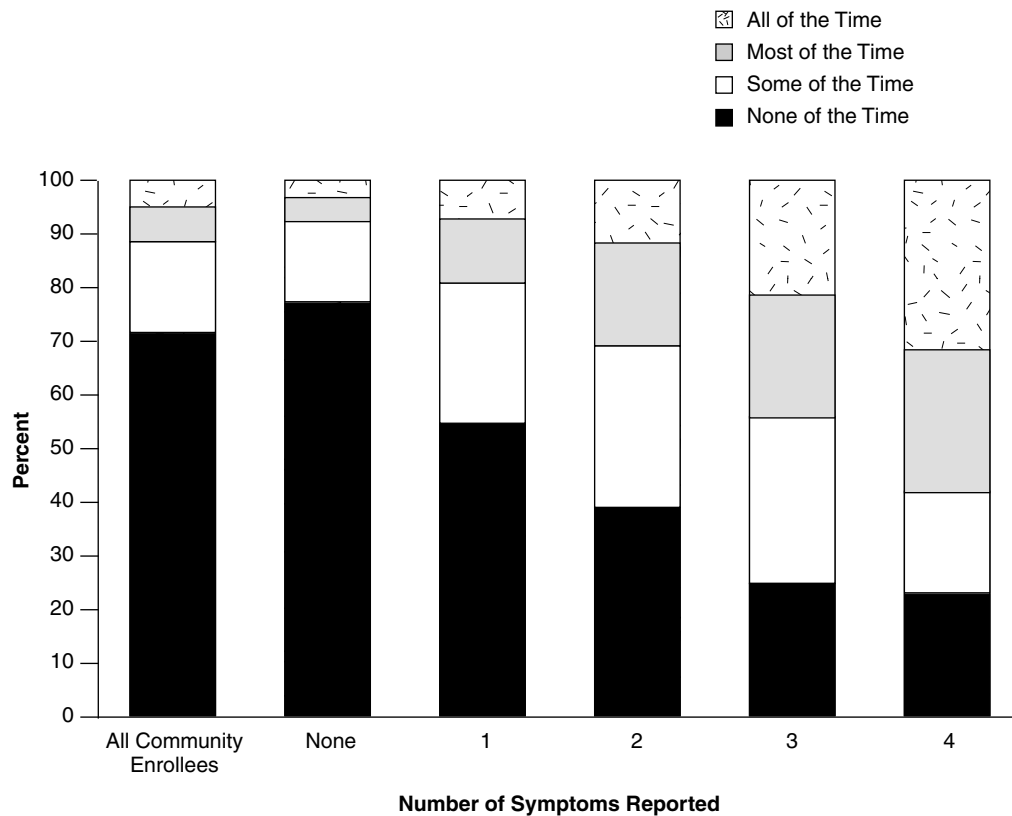
- Not surprisingly, self-assessed health status was inversely correlated with the number of symptoms reported by the respondent.
- Similarly, those with more symptoms also were more likely to report deterioration of their general health over the past year and to report that health limited their social activity.

**Figure 3**  
**Change in Health Status from Last Year, by Number of Depression Symptoms Reported: 2002**



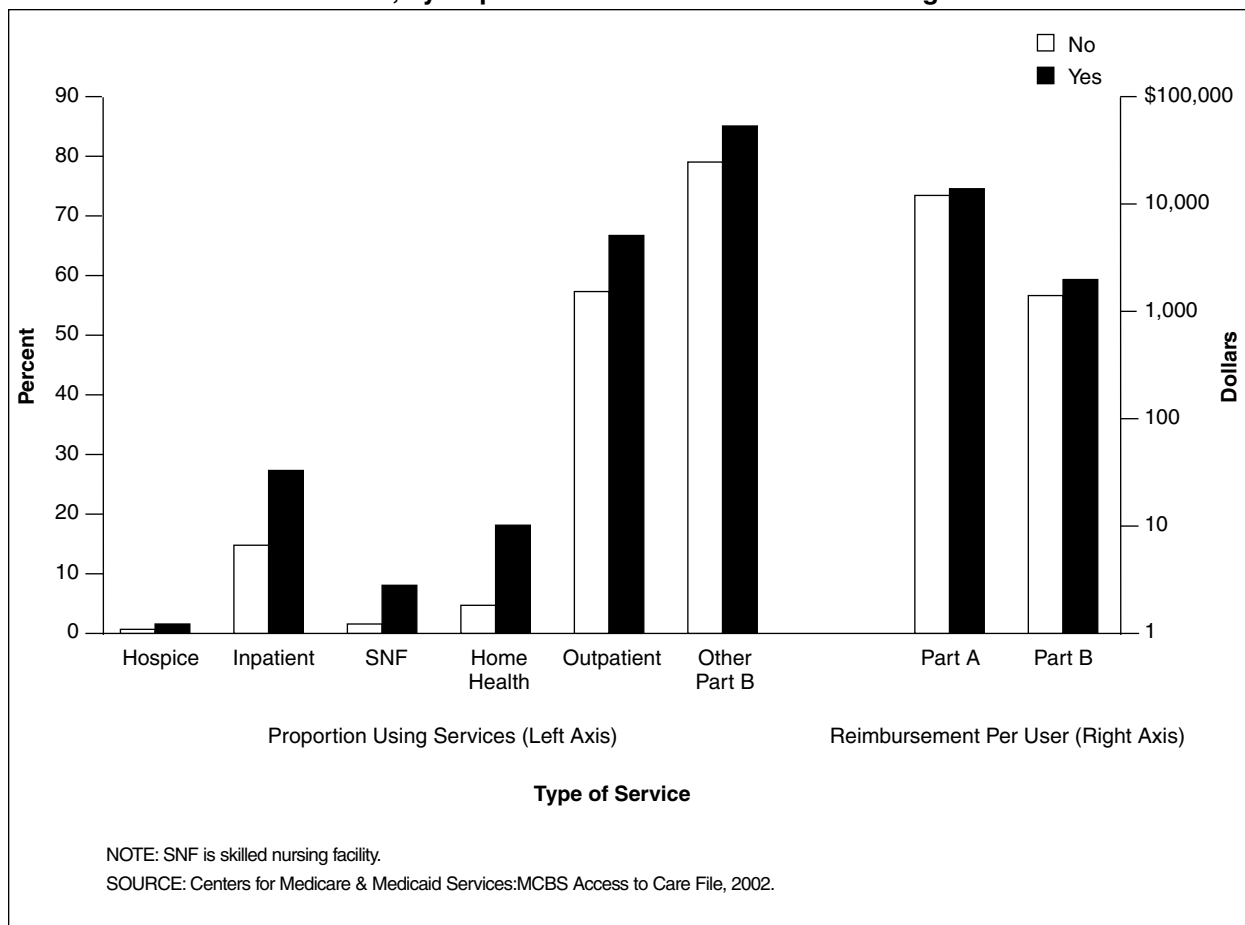
SOURCE: Centers for Medicare & Medicaid Services: MCBS Access to Care File, 2002.

**Figure 4**  
**Extent to Which Health Limited Social Activity in the Previous Month, by Number of Depression Symptoms Reported: 2002**



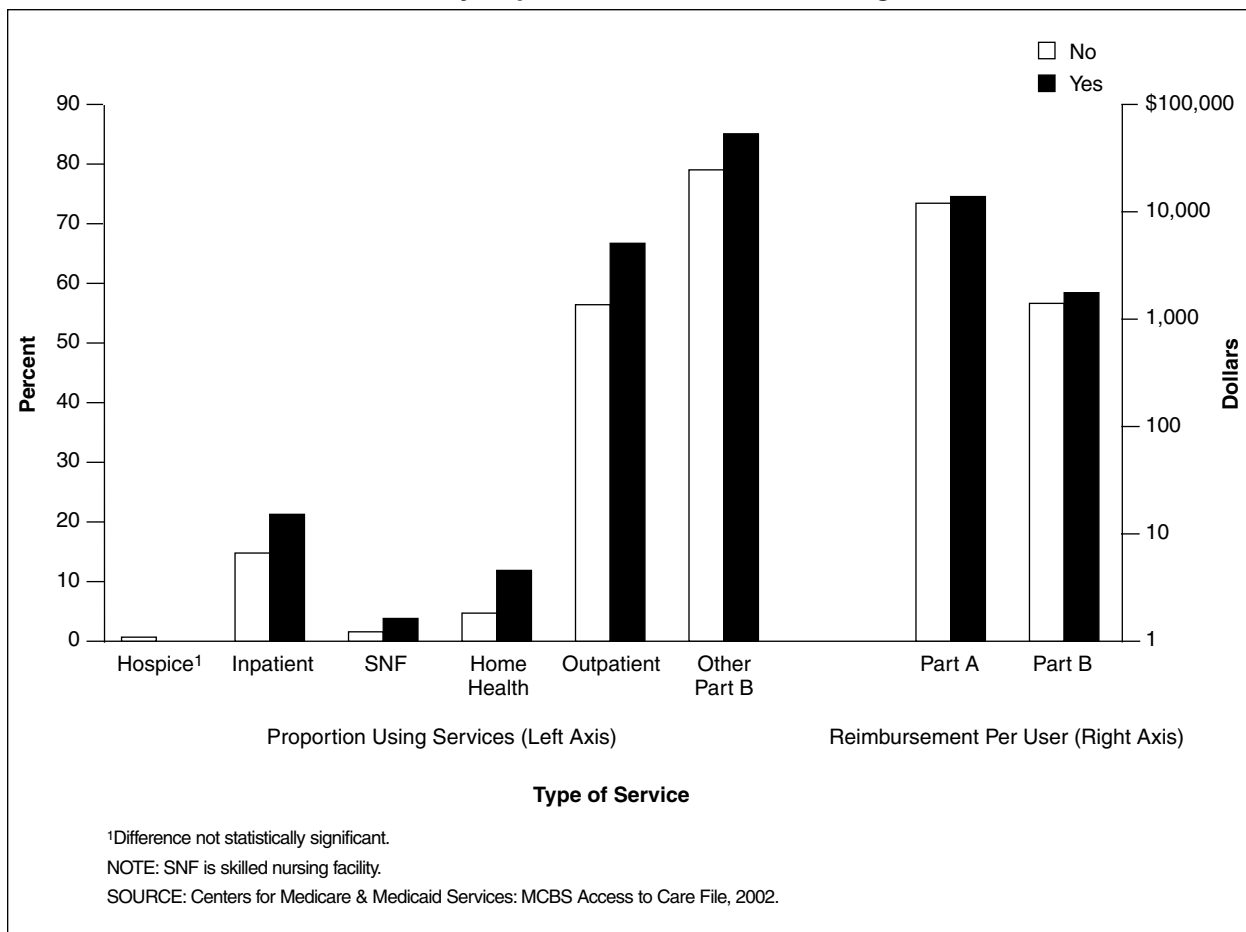
SOURCE: Centers for Medicare & Medicaid Services: MCBS Access to Care File, 2002.

**Figure 5**  
**Measures of Service Use, by Report of Problems in Decisionmaking: Calendar Year 2002**



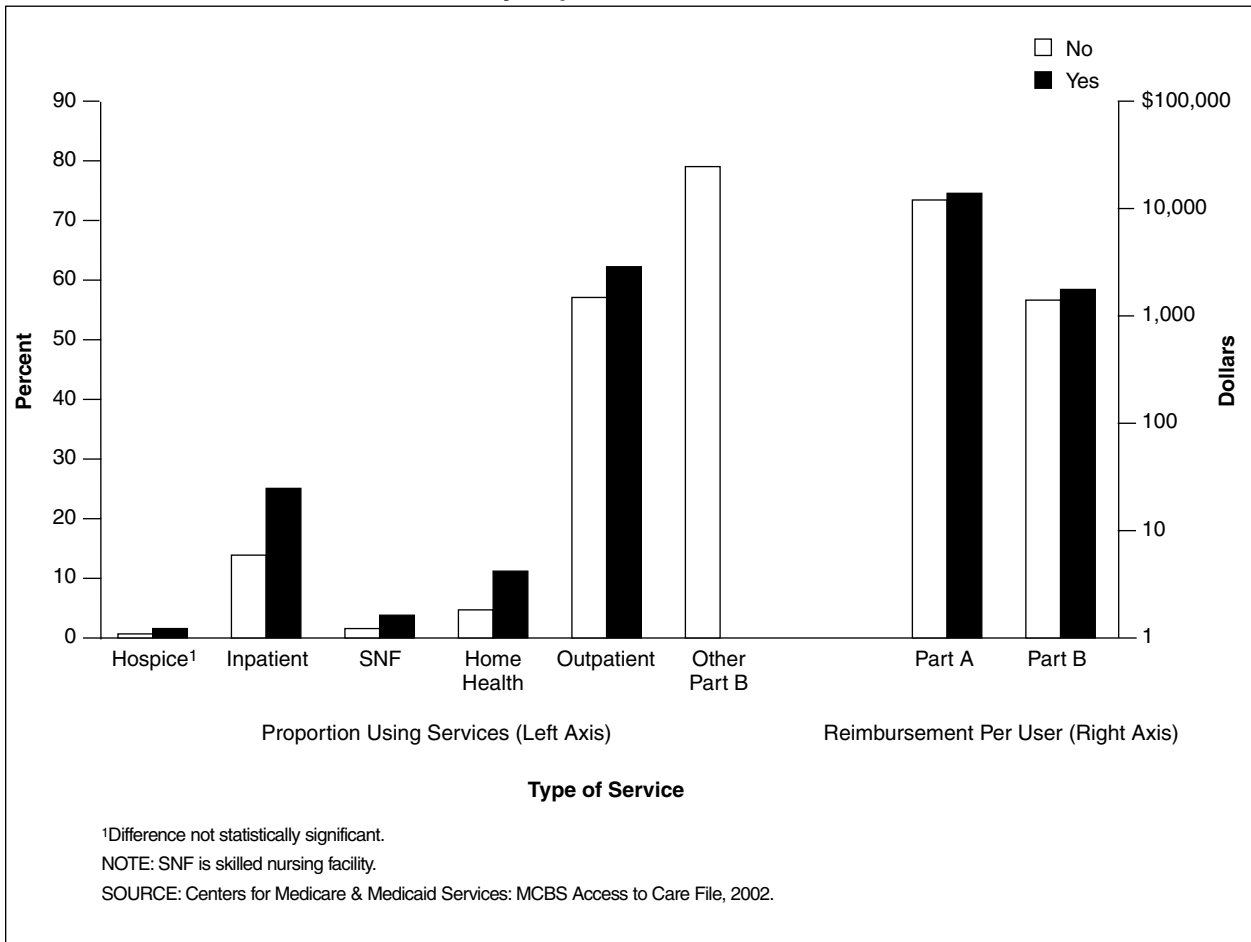
- Symptoms of depression also were associated with greater use of Medicare services.
- For the most part, a greater percentage of enrollees who reported a symptom used services than did those who did not report the symptom.
- Among those receiving Part A benefits, the average benefit was higher for symptomatic users than for those who did not report the symptom.

**Figure 6**  
**Measures of Service Use, by Report of Trouble Concentrating: Calendar Year 2002**

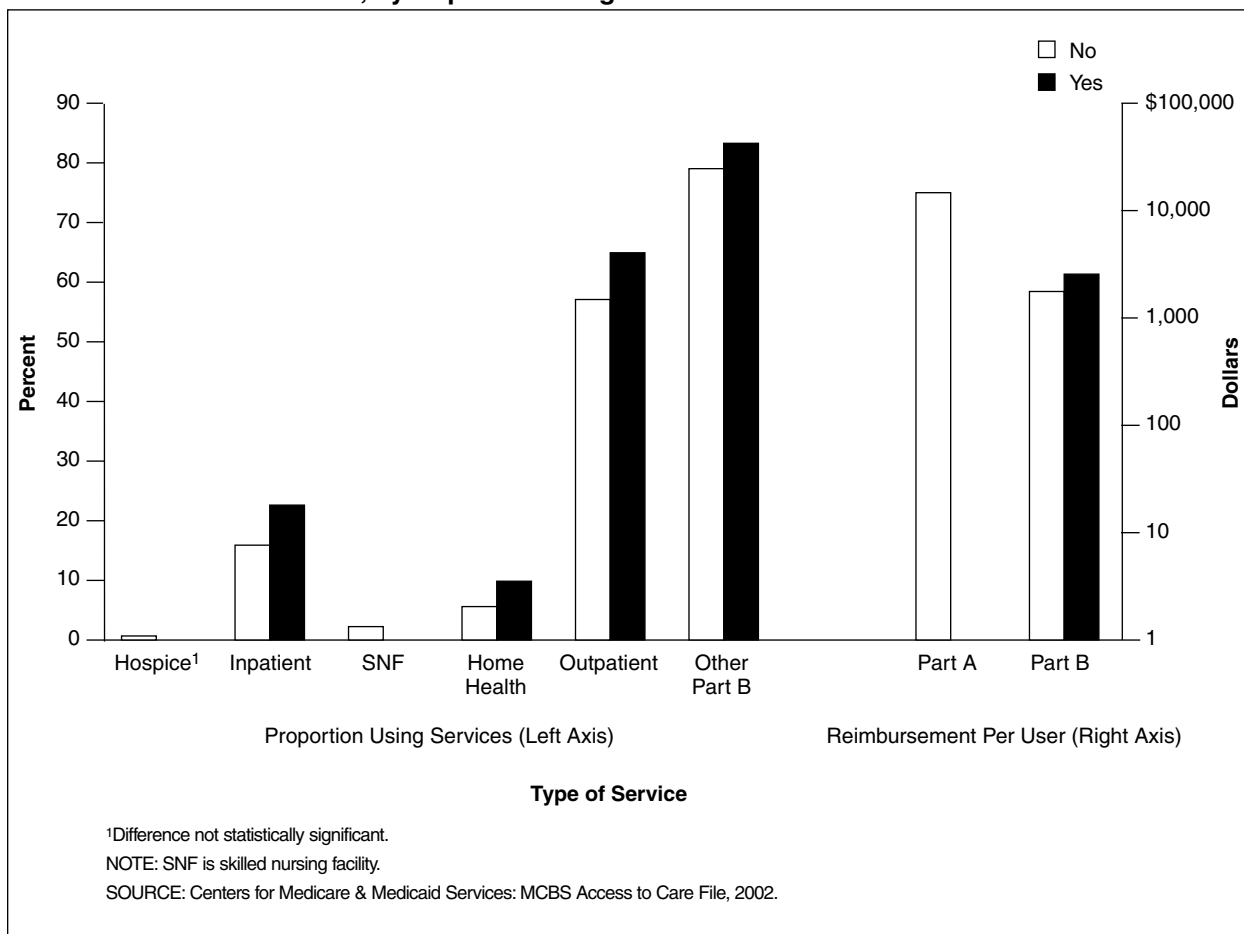




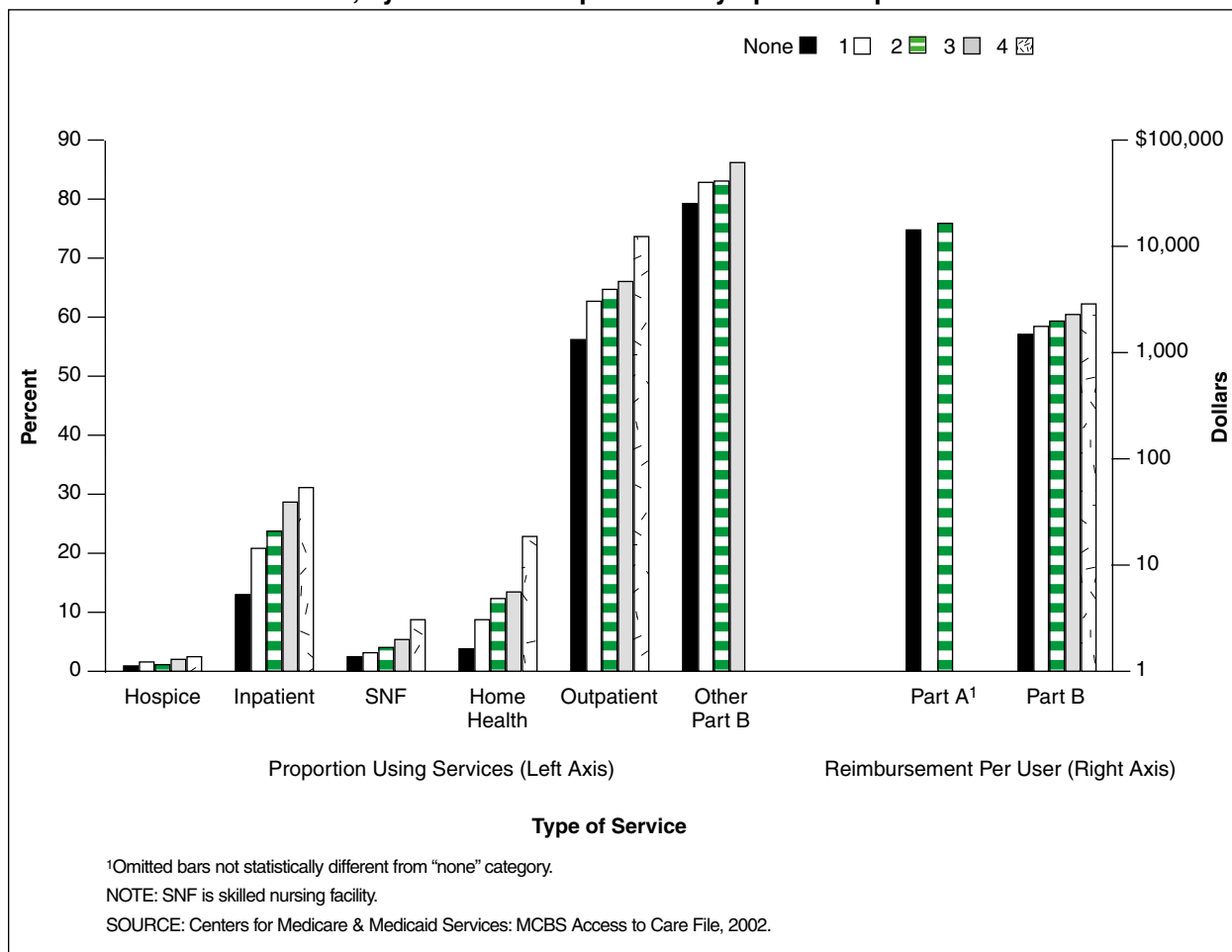
**Figure 7**  
**Measures of Service Use, by Report of Loss of Interest: Calendar Year 2002**



**Figure 8**  
**Measures of Service Use, by Report of Being Sad Most or All of the Time: Calendar Year 2002**



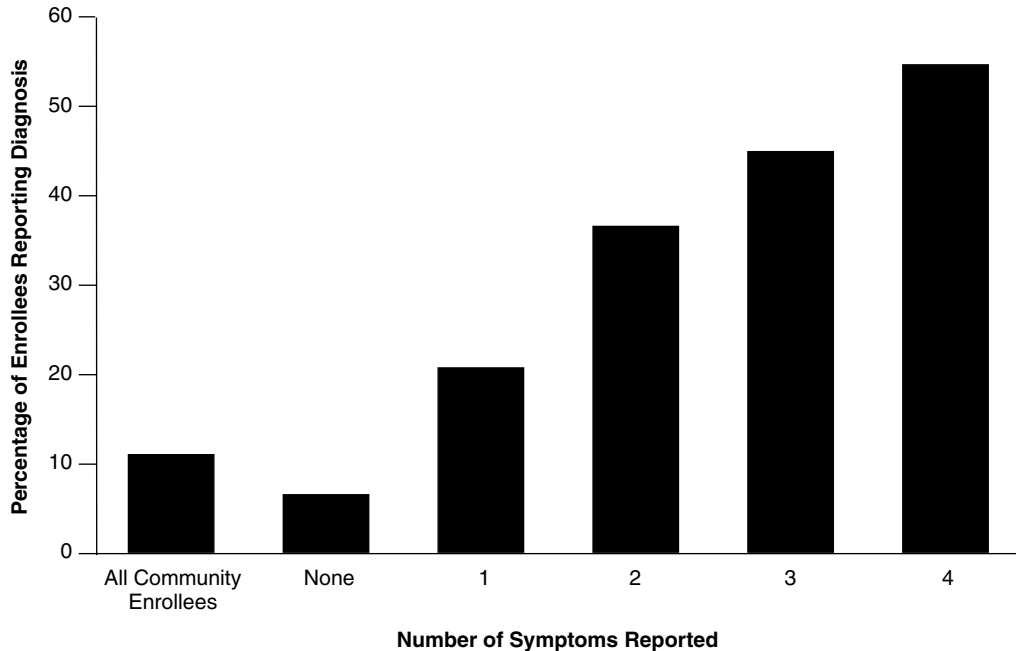
**Figure 9**  
**Measures of Service Use, by Number of Depression Symptoms Reported: Calendar Year 2002**



- Program use and average benefits per user were positively correlated with the number of symptoms reported.
- It is important to understand that this observation alone does not establish causality, as ill health may result both in greater program use and in increased levels of depression.

**Figure 10**

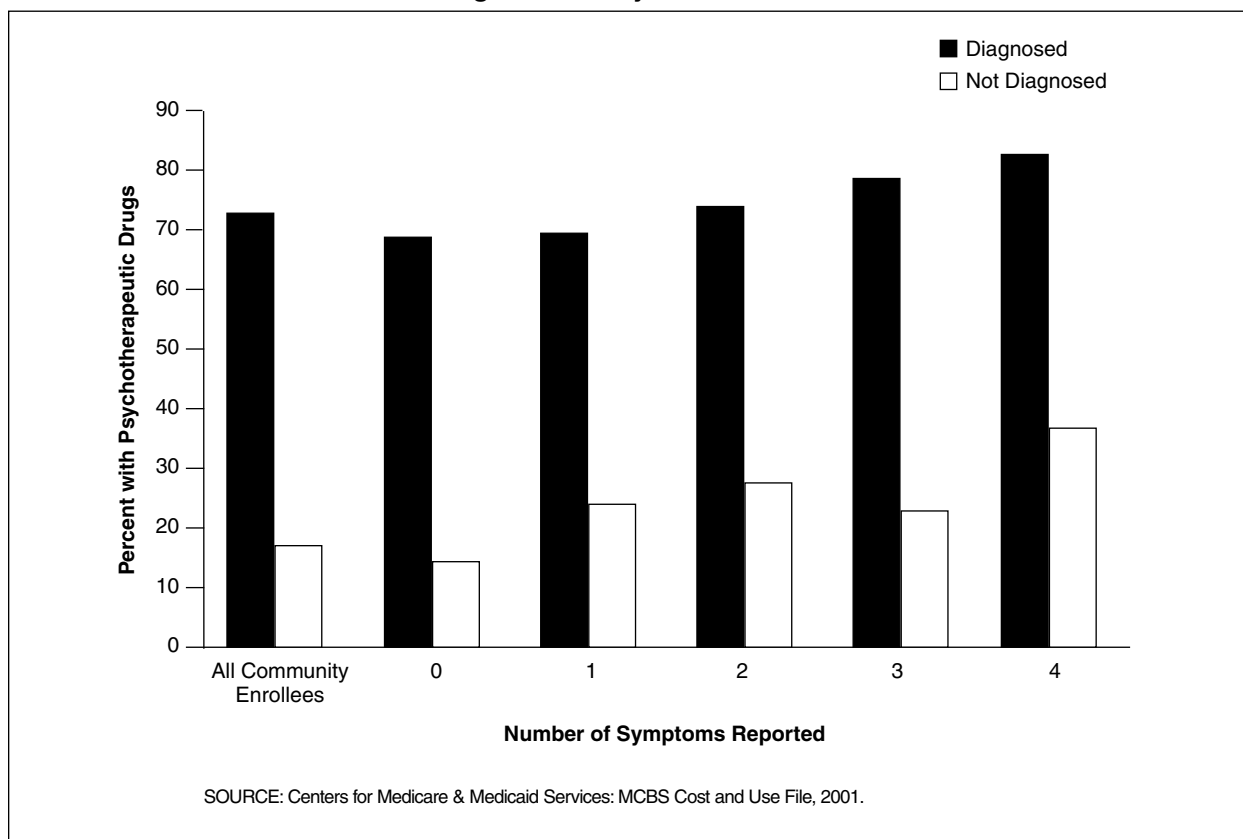
**Proportion of Enrollees Reporting Diagnosis of Psychiatric Disorder (Including Depression), by Number of Depression Symptoms Reported: 2002**



SOURCE: Centers for Medicare & Medicaid Services: MCBS Access to Care File, 2002.

- MCBS data show a correlation between the number of symptoms reported and whether the participant also reported that a doctor had ever told them “that you had a mental or psychiatric disorder, including depression.”
- In general, one in five enrollees reporting one symptom also reported such a diagnosis, a rate that increased to more than one-half for enrollees reporting all four symptoms.
- This proportion is still fairly low, which may be attributable in part to participants’ reluctance to admit to a psychiatric disorder or to physicians not being explicit about the diagnosis of depression. But it may also point to under diagnosis of depression in the aged Medicare population.

**Figure 11**  
**Percent of Enrollees with Prescribed Psychotherapeutic Drugs, by Number of Symptoms and Recalled Diagnosis of Psychiatric Condition: 2001**



- One possible indication of the extent to which depression is not treated is the proportion of enrollees using psychotherapeutic drugs.
- From the 2001 MCBS Cost and Use File (covering Calendar Year 2001), 73 percent of community-dwelling enrollees who reported that they had been diagnosed with a psychiatric disorder also reported using psychotherapeutic drugs; this proportion did not vary significantly among groups reporting one or more symptoms of depression, but was lower for those reporting no symptoms.
- Among enrollees who did not report receiving a diagnosis of psychiatric disorder a much smaller percentage—16.9—reported using these drugs. Again, the proportion did not vary significantly among those reporting one or more symptoms, but was significantly lower among those reporting no symptoms.
- Even among those reporting all four of the symptoms, only 37 percent of those without a formal diagnosis reported using psychotherapeutic drugs.
- Pharmacotherapy is not the only treatment for depression, but the pattern seen here may be suggestive of untreated depression among the elderly.

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